MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/596563

FILING DATE

APPLICANT(S)

CLAIMS

	AS F	ILED	AFTER 1 AMENDMENT		AFTER 2 ** AMENDMENT		CLAIM		AS FILED		AFTER 1# AMENDMENT		AFTER 2 *** AMENDMENT	
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